## North Carolina State Government Internship Program SUMMER 2013 INTERNSHIP APPLICATION

Youth Advocacy & Involvement Office, 1319 Mail Service Center, Raleigh, NC 27699-1319

## **Applications MUST be typed** Applications must be postmarked by Monday, December 10, 2012. Late applications will not be considered. All materials must be mailed in ONE envelope. Applicants who fail to submit all required information will be ineligible. Please carefully check to ensure that your application packet is complete and includes all required documents. REQUIRED MATERIALS CHECKLIST Please check and submit the following: Original Application Form ☐Cover letter Resume Transcript(s): Unofficial copies acceptable. Transcripts MUST include ALL undergraduate and graduate/law grades. Transcripts MUST INCLUDE OVERALL GPA. (If grades for some courses are unavailable, submit an official schedule/course list.) Legal writing sample (Law students ONLY) cannot exceed three pages. In addition to the original application packet, please submit an additional application packet for each project to which you are applying. Please check and submit the following for each project choice\* (up to 5): ☐ Application Form ☐Cover letter ☐ Resume Legal writing sample (Law students ONLY) \*If you have applied for 5 projects, you MUST submit a total of 6 applications, 6 cover letters, 6 Resumes, 1 Transcript, and 6 writing samples (Law students ONLY). \*If you have applied for 4 projects, you MUST submit a total of 5 applications, 5 cover letters, 5 Resumes, 1 Transcript, and 5 writing samples (Law students ONLY). \*If you have applied for 3 projects, you MUST submit a total of 4 applications, 4 cover letters, 4 Resumes, 1 Transcript, and 4 writing samples (Law students ONLY). \*If you have applied for 2 projects, you MUST submit a total of 3 applications, 3 cover letters, 3 Resumes, 1 Transcript, and 3 writing samples (Law students ONLY). \*If you have applied for 1 project, you MUST submit a total of 2 applications, 2 cover letters, 2 Resumes, 1 Transcript, and 2 writing samples (Law students ONLY). NAME: Last, First, Middle NAME CALLED (if other): PERMANENT ADDRESS (street, apartment number, city, state, zip code): PERMANENT PHONE: DRIVER'S LICENSE STATE & NUMBER: **COUNTY OF PERMANENT ADDRESS:** PREFERRED MAILING ADDRESS (street, apartment number, city, state, zip code): PREFERRED PHONE: E-MAIL ADDRESSES (notification will be made via e-mail so check accounts frequently!): Alternate: Lam a: ☐ U.S. Citizen ☐ Permanent Resident of NC Other (specify): SCHOOL NAME (List city & state if not in NC): MAJOR/CURRICULAR PROGRAM (if declared): CREDIT HOURS IN PROGRAM (if declared): TOTAL GRADE POINT AVERAGE: MAJOR GRADE POINT AVERAGE (if applicable): YEAR IN SCHOOL: □ Freshman □ Sophomore □ Junior □ Senior □ CommCollegeYr1 □ CommCollegeYr2 □ Grad Student □ Law1 □ Law2 Will you be continuing your education in Fall 2013? ☐ YES ☐ NO If yes, where/what program? ARE YOU A PERMANENT RESIDENT OF NORTH CAROLINA? ☐YES ☐NO (Please note: Attending college in NC does not solely qualify permanent residency. Questions? Contact the Youth Advocacy and Involvement Office.) LIST DATES OF RESIDENCE IN NC: If attending a school in North Carolina, DO YOU PAY IN-STATE TUITION OR RECEIVE AN IN-STATE GRANT? YES NO If attending a school *outside of North Carolina*, DO YOU PAY OUT-OF-STATE TUITION? SEE NO Other (Explain): HOW DID YOU HEAR ABOUT THE NC STATE GOVERNMENT INTERNSHIP PROGRAM? (check all that apply) ☐ Friend, Family Member Career Services Center Other Please specify: Professor or Academic Department ☐ State Agency, State Employee, Legislator

☐ Campus Career Fair/Info Session Please list event/location

Internet/Online Search/YAIO Website

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**PROJECT CHOICES:** (Fill out A or B below as appropriate.)

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A. For original application							
				ocess" in 2013 Program Booklet)			
Project #: Title:	Project #:	Project #:	Project #:	Project #:			
Title.	Title:	Title:	Title:	Title:			
<b>B. For individual project</b> YAIO to the internship project		above): Specify only o	ne internship project per cop	y. This copy will be mailed by			
PROJECT NUMBER	PROJECT TITLE						
	TROSEOT MEDICAL TROSEOT MEDICA						
RELEVANT COURSE WORK:							
STATE GOVERNMENT POLICY PROHIBITS DISCRIMINATION BASED ON RACE, GENDER, COLOR, CREED, NATIONAL ORIGIN, AGE OR DISABILITY. The information requested below will in no way affect you as an applicant. Its sole purpose is to determine how well our recruitment efforts are reaching all segments of the population.							
GENDER: ☐MALE ☐		NIC ORIGIN(S):					
			an (include Pacific Islander)				
DATE OF BIRTH:		nerican Indian (include					
DISABILITY: The reporting of a disability is strictly VOLUNTARY. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.  Fill in blank(s) as appropriate.							
	□ None/Prefer	r not to report					
Ш		not to report					
EXTRACURRICULAR AC	TIVITIES (include leader	rship roles)					
SCHOOL ACTIVITIES:							
COMMUNITY & VOLUNTI	EER:						
COMMONTT & VOLONTI							
WORK HISTORY							
Present or last employer, of	city and state:		Dates of employ	ment:			
Duties:			Job Title:	Job Title:			
Employer, city and state:			Dates of employr	nent·			
Employer, only and state.			Dates of employi	nent.			
Duties:			Job Title:				
Employer, city and state:			Dates of employr	nent·			
Employor, only and orato.			Dates of employi	non.			
Duties:			Job Title:				
		11 1 1/0 16					
Have you been a paid government intern before (college level)? If yes, mark the appropriate spaces.							
☐Federal Government ☐State Government ☐Local Government ☐Other							
Name of Agency or Organization:  Are your related by bleed or marriage to any state employee? If you please complete this costion							
Are you related by blood or marriage to any state employee? If yes, please complete this section.  NAME: RELATIONSHIP: (spouse, mother, brother, etc.) WHERE EMPLOYED:							
Have you served honorably in the Armed Forces of the State or the United States? ☐YES ☐NO							
Do you have a service-connected disability? ☐YES ☐NO							
At the time of this application are you the spouse of a deceased veteran?   YES   NO							
At the time of this application are you the spouse of a disabled veteran?   Give dates of your (spouse's) qualifying active military service:							
			AAUZ				
ENTERED SEPARATED BRANCH RANK  Are you a member of the Military Reserves? TIVES TINO							
Are you a member of the Military Reserves? ☐YES ☐NO							

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apply.)	☐YES, I have b	een convicted. If y	es, explain fully on a	separate page (required).	□NO, I have not been convicted.
you canno	t or will not be hi	red. The offense a	nd how recently you we	re convicted will be evaluate	ed in relation to the projects for which you
HAVE YO	U EVER BEEN (	CONVICTED OF A	CRIME OTHER THAN	A MINOR TRAFFIC VIOLA	TION? (A conviction does not mean that

BY SIGNING OR INITIALING BELOW, I CERTIFY THAT APPLICATION IS TRUE, ACCURATE AND COMPLETE	
APPLICANT SIGNATURE/INITIALS:	DATE: